

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-021548

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

317

Primary Registration District No.

541

Registrar's No.

1540

STATE FILE NUMBER

FILED JUN 11 1962

VS 300
Rev. 4/59

1 4002

2 4015

3

4 0

5 1

6

7 0

8 1

9 241X

10

11

12 22-3

13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clayton		Length of stay in 1b D.O.A.	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis Co. Hosp.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Carl Middle W. Last Vail		4. DATE OF DEATH Month May Day 21 Year 1962	
5. SEX male	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1-17-23
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Business Mgr.		10b. KIND OF BUSINESS OR INDUSTRY Buschart Bros.	9. AGE (last birthday) 39
11a. FATHER'S NAME Carl Vail		11b. MOTHER'S MAIDEN NAME Ivy Unk	11. BIRTHPLACE (City and state or country) Cauthersville, Mo
12a. WAS DECEASED EVER IN U.S. ARMED FORCES? (yes, no, or unknown) (If yes, give war or dates of service) yes WW II		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Status asthmaticus		14. NAME OF HUSBAND OR WIFE Myrtle Heslar Vail	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		15. SOCIAL SECURITY NO. _____	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		16. INFORMANT 619 Dennison Myrtle Vail Ballwin, Missouri	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Clayton, Missouri	
20g. COUNTY Clayton		20h. STATE Missouri	
21. I attended the deceased from _____, to _____ and last saw her alive on _____ Death occurred at 10:35 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE Raymond H. Kato (Degree or title) Coroner	
22b. ADDRESS Clayton, Missouri		22c. DATE SIGNED 5/31/62	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 5-24-62	
23c. NAME OF CEMETERY OR CREMATORY National Cemetery		23d. LOCATION (City, town, or county) Jefferson Barracks, Mo.	
24. FUNERAL DIRECTOR Schrader Funeral Home Ballwin, Mo.		25. DATE RECD. BY LOCAL REG. 5-22-62	
26. REGISTRAR'S SIGNATURE John B. Murphy			

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Richard Papp

Licensed Embalmer No. 4584

P. O. Address Ballwin, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.